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CONFIRMATION NO. 9910

SERIAL NUMBER 10/713,408	FILING OR 371(c) DATE 11/13/2003 RULE	CLASS 601	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. 31407-1001-UT
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APPLICANTS
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OK M.B.

**** CONTINUING DATA *******
 This appln claims benefit of 60/425,944 11/13/2002

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 02/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NM	SHEETS DRAWING 4	TOTAL CLAIMS 20 <i>23</i>	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>M.B.</i> Examiner's Signature	<i>M.B.</i> Initials			

ADDRESS
5179

TITLE
Thrombus prevention apparatus and methods

FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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